

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date stamp (received)

SEP 25 2014

Bayfield Co. Zoning Dept.

\$270.00

Permit #:	140809
Date:	10-1-14
Amount Paid:	\$270.00
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Bev A. Weber		Mailing Address:		City/State/Zip:		Telephone:
Robert D. Halvorsen		78285 Konborski		Washburn, WI		54891		715-373-5298
Address of Property:		78285 Konborski Rd.		City/State/Zip:		Washburn, WI		54891
Contractor:		Randy Bergman		Contractor Phone:		Plumber:		Plumber Phone:
Authorized Agent:		(Person Signing Application on behalf of Owner(s))		715-292-4819		Agent Mailing Address (Include City/State/Zip):		715-292-1694
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
NE 1/4, SE 1/4		Gov't Lot		Lot(s)		Vol & Page		Subdivision:
		3		1424		8/314		
Section 19, Township 49 N, Range 4 W		Town of:		Bayview		Lot Size		Acreage
								18.37
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone?		Are Wetlands Present?
		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: _____ feet		<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Non-Shoreland								<input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$76,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
100,000	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
\$90,000	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: AT	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 32' 42"	Width: 20' 4"	Height: 1 story
Proposed Construction:	Length: 32'	Width: 32'	Height: 1 story

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2nd) Porch	() X)	
	with a Deck	() X)	
	with (2nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X)	
	Addition/Alteration (specify) Den/office/Hobby Room/Living	(42' X 32')	1100
	Accessory Building (specify) Sun Room Room	() X)	1800
	Accessory Building Addition/Alteration (specify)	() X)	
Rec'd for Issuance	Special Use: (explain)	() X)	
OCT 01 2014	Conditional Use: (explain)	() X)	
	Other: (explain)	() X)	

Secretarial Staff

I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in, or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bev A. Weber Robert Halvorsen
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9-24-14

Address to send permit: 78285 Konborski Rd., Washburn, WI
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	160 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	135 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	430 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	330 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	830 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	> 25' Feet	Setback to Well	75-100 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 126732	# of bedrooms: 1	Sanitary Date: 8/22/14		
Permit Denied (Date):	Reason for Denial:	wobruski nr				
Permit #: 14-0369	Permit Date: 10-1-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	Inspected by: J. Adams-Burns-Murphy					
Inspected + present for inspection. Sand left installed + corners staked HT = concrete/2000g.						
Date of inspection: 9-30-14	Inspected by: J. Adams-Burns-Murphy	Zoning District: (NA.1)	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Total bedrooms shall not exceed (4) without review of Holding Tank daily wastewater flow rate.						
Signature of Inspector:				Date of Approval: 9-30-14		
Hold For Sanitary: <input type="checkbox"/>	Hold For B.A.: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		



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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received):
OCT 01 2014
Bayfield Co. Zoning Dept.

Permit #:	14-03370
Date:	10-1-14
Amount Paid:	75.00 10-1-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>BEN A WEBER</u>		Mailing Address: <u>78285 KOMBESKI RD.</u>		City/State/Zip: <u>WASHBURN WI, 54891</u>		Telephone: <u>715 373 5298</u>		
Address of Property: <u>78285 KOMBESKI ROAD</u>		City/State/Zip: <u>WASHBURN, WI 54891</u>		Contractor Phone: <u>292 2694</u>		Cell Phone: <u>715 292 2694</u>		
Contractor: <u>NA</u>		Agent Phone: <u>Plumber:</u>		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-008249041946100060000	Recorded Document: (i.e. Property Ownership) Volume <u>1110</u> Page(s) <u>992</u>					
<u>NE 1/4, SE 1/4</u>	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section <u>19</u> , Township <u>49</u> N, Range <u>4</u> W	Town of: <u>BAYVIEW</u>		Lot Size		Acreage			
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet						

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>500</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>HT</u>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>20</u>	Width: <u>20</u>	Height: <u>12</u>
Proposed Construction:	Length: <u>20</u>	Width: <u>20</u>	Height: <u>12</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
	with Loft	(<u> </u> X <u> </u>)	
	with a Porch	(<u> </u> X <u> </u>)	
	with (2 nd) Porch	(<u> </u> X <u> </u>)	
	with a Deck	(<u>8</u> X <u>26</u>)	<u>160</u>
	with (2 nd) Deck	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u> </u> X <u> </u>)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	
	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	Accessory Building (specify) <u>12x20 w/ 8x26 deck</u>	(<u>12</u> X <u>20</u>)	<u>240</u>
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
Rec'd for Issuance	Special Use: (explain) _____	(<u> </u> X <u> </u>)	
<u>OCT 01 2014</u>	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/>	Other: (explain) _____	(<u> </u> X <u> </u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Ben A Weber
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) **Well (W)**; (*) **Septic Tank (ST)**; (*) **Drain Field (DF)**; (*) **Holding Tank (HT)** and/or (*) **Privy (P)**
(6) Show any (*): (*) **Lake**; (*) **River**; (*) **Stream/Creek**; or (*) **Pond**
(7) Show any (*): (*) **Wetlands**; or (*) **Slopes over 20%**

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	160 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	
Setback from the North Lot Line	520'-4" Feet		
Setback from the South Lot Line	200'-4" Feet	Setback from Wetland	
Setback from the West Lot Line	800' Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	+SD Feet	Setback to Well	+SD Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of bedrooms: <u>N/A</u>	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>14-0370</u>		Permit Date: <u>10-1-14</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: <u>none present for inspection. old WPA building</u>		Zoning District		(R-1)		
moved to site		Lakes Classification		(N/A)		
Date of Inspection: <u>9-30-14</u>	Inspected by: <u>J. Greenberg, Murphy</u>	Date of Re-Inspection:				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Building not approved for habitation re issue plumbing fixtures				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>9-30-14</u>				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____			

Field County, WI

